



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DEACONESS MIDTOWN HOSPITAL

City of Hospital: Evansville

Year Begin: 10/01/2016 (mm/dd/yyyy format)

Year End: 09/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Danielle Metzger-Cundiff

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Medicare Provider Number: 15-0082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$973359310
Outpatient Patient Service Revenue	\$1226183711
Total Gross Patient Service Revenue	\$2199543021

2. Deductions From Revenue

Contractual Allowance	\$1415212757
Other Deductions	\$58204125
Total Deductions	\$1473416882

3. Total Operating Revenue

Net Patient Service Revenue	\$725724496
Other Operating Revenue	\$56062823
Total Operating Revenue	\$781787319

4. Operating Expenses

Salaries and Wages	\$258366329	Employee Benefits	\$78982091
Depreciation and Amortization	\$40725775	Interest Expense	\$6807996
Bad Debt	\$11515522	Other Expenses	\$320023494
Total Operating Expenses	\$716421207		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$94072429	Total Assets	\$1463069754
Net Non-operating Gains over Loss	\$36474668	Total Liabilities	\$551375880

Total Net Gains	\$130547097
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1044039235	\$787916052	\$256123183
Medicaid	\$323996473	\$234882057	\$89114416
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$831507312	\$392414647	\$439092665
Total	\$2199543020	\$1415212756	\$784330264

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$29503	\$2047518	\$-2018015

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2824224	\$8936808	\$-6112584
Hospital Patients	\$0	\$0	\$0
Community Education	\$15981	\$224656	\$-208675

Number of Medical Professionals Trained	34777
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	13952

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$14074050	
HCI Payments	\$0		
Subtotal	\$0	\$14074050	\$-14074050
Medicaid Shortfalls	\$89114416	\$120234710	
Subtotal	\$89114416	\$134308760	\$-45194344
DSH Payments	\$4,951,974		
Subtotal	\$94066390	\$134308760	\$-40242370
Medicare Shortfalls	\$256123183	\$340057840	
Other Government Programs	\$0	\$0	
Total	\$350189573	\$474366600	\$-124177027

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$769713	\$-769713
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6901	\$589098	\$-582197

Comments

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